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Padrões mínimos para assistência de enfermagem segura a usuários de bebidas alcoólicas[1]

Minimum standards for safe nursing care for users of alcoholic beverages[1]

Normas mínimas para cuidado de enfermería segura a los usuarios de las bebidas alcohólicas[1]

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RESUMO

Objetivo: elaborar padrões mínimos para assistência de enfermagem às pessoas intoxicadas por álcool e atendidas em unidades de atenção às urgências. **Método:** investigação documental, construída a partir da experiência dos autores como integrantes da equipe assistencial de enfermagem de um centro de assistência toxicológica, alicerçada em revisão de literatura. **Resultados:** foram apresentados em duas unidades. Breve revisão bibliográfica sobre segurança do paciente e de usuários de bebidas alcoólicas atendidos em serviços de urgência, e descrição de padrões mínimos de assistência inicial de enfermagem, necessários à segurança de usuários de bebida alcoólica, em três aspectos; clínico/biológico, psicoemocional e social. **Conclusão:** A padronização apresentada, além de normatizar a prática de enfermagem, melhora a execução de programas assistenciais em centros de assistência toxicológica.

Descritores: assistência de enfermagem; segurança; bebidas alcoólicas.

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ABSTRACT

Objective: to develop minimum standards for nursing care for people intoxicated by alcohol and treated in the emergency units. **Method**: documental research, built upon the experience of the authors as members of the nursing care team of a center of toxicological assistance, based on literature review. **Results**: we presented the results in two units. Firstly, through a brief literature review on patient safety and alcohol users attended in emergency department, and secondly through a description of minimum standards for initial nursing care necessary for the safety of users of alcohol in three aspects: clinical/biological, psycho-emotional and social. **Conclusion**: The presented standardization, besides regulating nursing practice, improves the execution of assistance programs in the toxicology centers.

Descriptors: nursing care; safety; alcoholic beverages.

RESUMEN

Objetivo: Desarrollar normas mínimas para la atención de enfermería para las personas intoxicadas por alcohol y tratadas en las unidades de atención de emergencia. **Método**: la investigación documental, construida a partir de la experiencia de los autores como miembros del equipo de atención de enfermería en un centro de asistencia toxicológica, basado en revisión de la literatura. **Resultados**: fueron presentados en dos unidades. Primeramente, una breve revisión de la literatura sobre la seguridad de los usuarios y de los pacientes vistos en un departamento de emergencias, y la descripción de las normas mínimas para la atención inicial de enfermería necesaria para la seguridad de los usuarios de alcohol en tres aspectos: clínico / biológico, psico-emocional y social. **Conclusión**: La normalización presenta, además de regular la práctica de la enfermería, la mejora de la ejecución de los programas de asistencia en los centros de toxicología.

Descriptores: atención de enfermería; seguridad; bebidas alcohólicas.

INTRODUCTION

The proven link between the abuse of alcohol and social grievances associated to harmful effects on human health, with a significant number of cases of accidental or intentional overdose, violent injuries of all kinds and secondary organic diseases related to alcohol abuse, have characterized the theme as a serious public health problem nowadays.[1-2] A substantial fraction of patients seeking treatment in emergency units have problems related to alcohol and other drugs, including intoxication and abstinence, trauma, neurological disorders, chronic diseases related to drugs and mental comorbidities.[2]

Emergency units are responsible for part of the care offered to the population in the network of health care. These units provide care for people in need of immediate actions of the health team, however, to extend life and prevent possible sequel, this service should be provided with quality and security.[3-4]

The need for security must be met in order to avoid adverse events or damages during the assistence.[5] Considering that nursing plays a key role in providing assistance to this specific population, it's up to the nurses ensuring mainly the patients safety, recovery, safe and qualified care - considered essential attributes played by nurse.[6]

The World Health Organization (WHO) estimates that adverse events related to assistance occur in tens of thousands of people every year in different countries. Currently, the movement for patient safety replaces "guilt and shame" for a new approach to "rethink the care processes" in order to anticipate the occurrence of errors before they cause harm to patients in health services .[7]

Regarding the care and safety of alcohol users in urgent attention units, health professionals, especially nursing staff, need to improve their initial methodological approach to these patients. The approach carried out with feelings of pity and empathy towards the more depressive patients, or the approach made with estrangement, fear, anger and revolt towards the aggressive ones, suggest the kind of service the professionals are prone to provide.[6]

The motivation or disinterest in serve them usually creates a defensive position, especially in aggressive patients, because of the lack of formal training and unpreparedness to provide assistance for alcohol users in their psychological dimension and everyday social life. This unpreparedness or difficulty with caring, coupled with the design of the patient as potentially aggressive, permeates the idea that alcoholics should be assisted in a specific location, separate from other specialties.[4]

The establishment of minimum standards with criteria for assistance and conduct with scientific evidence can collaborate in the modification of nursing practice (JCR, 2008).[6] The establishment and implementation of these standards should be based on the reality of healthcare conditions and interventions and practical actions to prevent any kind of harm to the patient. Also the use of new technologies to promote the safety of patient must be adopted.[8]

Minimum standards can be understood as: care plans that facilitate the ordering of the caring quality; supports in the definition of processes and outcomes of interventions that consider the previous structural conditions and the quality with which the care provided to the individual is developed. Statements about the quality of care are provided by the staff, with the criteria by which the effectiveness of care is evaluated.[6-8]

In Brazil, information and toxicological assistance centers - CIAT – have as a mission providing support to health professionals, the people and institutions, through information and toxicological assistance aimed at preventing and reducing morbidity and mortality from poisonings. The toxicological information is performed using protocols focused on the action of the chemical, and there is a lack of protocols aimed at assistance to the person intoxicated.[9] The development of guidelines for the organization of information and toxicological assistance constitutes an urgent need for maintenance and restructuring of CIAT

articulated to the health care networks, to comprehensive care and the rational use of resources.[8-9]

Considering the above, the objective was to introduce minimum safety standards of nursing care for alcoholic beverage users in emergency units.

METHODS

The study has a documental nature, constructed from the experience of the authors as members of the nursing care team of a center of toxicological assistance - CIAT, considered sentinel unit of poisoning cases by different etiologies and severity.

Initially, we performed a literature review on the safety of patients in emergency sectors and strategies used in the development of safe standards for care of patients with acute or chronic intoxication by alcohol, in international and national periodicals and manuals of patient safety - prioritizing publications from January 2001 to December 2013.

For the construction of welfare standards we used as theoretical guidelines the IV-Initial care for Intoxicated Patient and VIII-Intoxication by Drug abuse, Toxicology Course organized by Agência Nacional de Vigilância Sanitária/ Rede Nacional de Centros de Informação e Assistência Toxicológica - ANVISA/RENACIAT and other documents of technical and scientific literature on the subject. In addition, we analyzed the records of standards and routines of CIAT care process, and performed a seminar to discuss the experience of the authors, in order to systematize the nursing care standards.[8-10]

RESULTS AND DISCUSSION

The results are presented in two units: the first reports the synthesis of the findings of the literature review on issues of interest to the study - patient safety in emergency services, specifically of alcohol users; and the second has proposed minimum standards of nursing care necessary for the safe attention in the initial care to alcohol users treated in emergency units.

Security needs of alcohol users in emergency services

Safety is the first field of quality dimensions in health care and a concern of the health systems worldwide. There is no way of offering a good medical assistance without safety, and in any hospital humanizing efforts should include the planning of actions involved in care to reduce the assistential risk.[14,7]

Patient safety means reducing unsafe practices in care processes to an acceptable minimum and the use of best practices in order to achieve the best results possible for the patient. The "acceptable" refers to what is feasible given the current knowledge, available resources and the context in which the assistance was carried out against the risk of non-treatment, recognizing that mistakes, violations, abuse and deliberately unsafe acts occur in health assistance.[7-8]

The global literature on public health has pointed out the huge gap regarding quality and safety of between the health care that we should provide and that we actually provide, and gave more visibility to adverse events and damage as a result of different types of care. The standardization of definitions and acts is also important to allow valid comparisons of security measures.[8,15]

The objective of the standardization of safe strategies to the patient - or safe nursing practices - is to reduce the risks involved in health care to minimum levels, taking into account the available knowledge, since the occurrence of adverse events has an impact on different levels, as well as indirect social costs – non-productivity of professional and suffering of the patient and his family.[3,8] The urgency pervades all pathologic conditions at any time of their evolution regardless of causing risk to life or great potential sequel, and it should be early identified so that appropriate therapy can be adopted - minimizing or avoiding damage to the patient.[16]

The attention to clinical emergency occurs in pre-hospital and intra-hospital services, and professionals of both services must be prepared to perform the care safely, and promote the correct designation of patients to other levels of health care.[16-17] facing this situation the team should keep in mind an approach based on scientific evidence -which ensures a favorable outcome to patient - so that the initial treatment is performed properly,[6]

The initial care in pre-hospital emergency services is characterized by the search for stabilization of vital conditions of the human person, through life support, which requires agility and objectivity of the health team with actions aimed at sustaining life and minimizing possible sequel.[6] These services cherish a logical sequence for the assistance, as recommended by the specific protocols of attention to health, and should be guided by the minimum standards of care in order to ensure the effectiveness of the conduct taken by health professionals.[9]

A study within the European Union, aimed at the quality of hospital care, showed that one in ten patients admitted for alcohol abuse suffers an avoidable damage during the care received. Unsafe health practices can result in premature death of patients assisted in hospitals, exceptionally those who demonstrate aggressive behaviors.[7] The alcohol can produce disorders to physical and mental health of users, development of infectious processes, metabolic disorders and accidents, which sometimes show up more urgent than intoxication or alcohol syndrome *per se*, as evidenced by the significant increase in demand in hospital units by alcoholics.[18-19]

Complications related to the lack of standardization in service provided to users of alcohol in emergency rooms are a recurring fact. The spread, diversification and availability

of psychoactive substances pose health professionals against various clinical conditions, alone or combined, minimized, exaggerated or masked by other conditions. These users are more susceptible to accidents and violence, and alcoholic poisoning can generate suicidal tendencies or function as 'antidotes' for individuals who suffer from some psychiatric pathology.[19]

During the admission to the emergency room, patients often refuse care in such rooms, as they are commonly taken against their will, and have difficulty in maintaining a confidential relationship in an open environment in which nurses, doctors, security guards, rescuers, other patients and patients companions interact simultaneously.[4]

Minimum standards for safe initial assistance to users of alcohol

The acute toxicity is usually characterized by the ingestion of one or more substances in sufficient quantities to interfere in the body support systems. The therapy in view of a suspect or confirmed case of intoxication, as in any other emergency health, requires a quick initial clinical evaluation - with assessment of vital functions and the need for support - to identify and to correct situations of imminent risk of death. Life-threatening conditions should be identified and treated concomitantly, obeying the order of priorities established by the American Heart Association in 2010, compulsorily increased by E stage - Exposure.[9,11,13,20]

In this last stage of the primary assessment, the patient should be stripped of his clothes in order to allow and to facilitate the observation of possible external signals - perforations, bruises, abrasions, fractures, dislocations, among others. Also, it involves maintaining a thermally neutral environment to prevent hypothermia.[11,13,20]

After evaluation of the signs and symptoms of poisoning, it is necessary to identify the toxic syndrome and to treat poisoning with the methods available for decontamination and increased elimination of toxic substances absorbed - making use of antidotes and symptomatic and supportive treatment. Special considerations must be made related to the care of the patient that must be referred to specific services for: comorbidities, suicidal ideation, abstinence syndrome or chronic use of drugs/multi-user. Also, considerations must be made regarding the establishment of non-toxic exposures, such as pediatric patient and adolescents, the elderly and pregnant women.[11,13] It is recommended at this stage the consult to a Center for Information and Toxicological assistance (CIAT) to obtain appropriate guidance.

Clinical stages of an alcoholic poisoning involve mild inebriation, coma, respiratory depression, and rarely death, so the majority of cases of acute intoxication by alcohol doesn't lead the individual to emergency units. In such units is present pronounced poisoning with increasing levels of central nervous system depression, behavioral changes - agitation, anxiety states and/or depression, aggressiveness, disorientation, confusion, and psychomotor impairment - slurred speech, impaired motor performance, lethargy, ataxia, usually associated with clinical signs and major symptoms.[13,19]

Acute poisoning is fleeting, the human body metabolizes about 0.015mg% of alcohol/hour, or about one unit of alcohol (10 g/hour), but in the emergency units is received a large number of complications related to the continued use and/or abuse or discontinuation of alcohol in chronic users (withdrawal syndrome).[11,21]

Toxic doses vary from each case; the speed of ingestion, food intake, concomitant use of other psychoactive substances, environmental factors and the development of individual tolerance to the effects of alcohol interfere in this relation.[11,13] Special attention to patients who used alcohol in binge drinking, defined as the consumption of five or more doses of alcohol on a single occasion for men or four or more for women.[4,19]

The symptoms will depend on the serum levels of alcohol and the patient's tolerance: 50-150 mg/dL - verbiage, diminished reflexes, blurred vision, excitement or mental depression; 150-300 mg/dL - ataxia, confusion, hypoglycemia (especially in children), logorrhea; 300-500 mg/dL - marked incoordination, stupor, hypothermia, hypoglycemia (seizures), electrolyte disturbances with hyponatremia, hypercalcemia, hypomagnesemia, hypophosphatemia and metabolic acidosis; and> 500 mg/dl - coma and respiratory and/or circulatory failure can lead to death.[21]

The guidelines for the treatment of disorders related to the use of substances of the American Psychiatric Association - APA indicate the handling of intoxication with the following objectives: to promote, for intoxicated patients, decreased exposure to external stimuli; to provide secure and monitored environment; to investigate the substances used and the entry route, dose, exposure time, and if the level of intoxication is increasing or decreasing; removing the toxic substances from the body (decontamination or increased excretion rate); to reverse the effects of the substance by the administration of antagonists, if there are some; using approaches to stabilize the physical effects of overdose - intubation to reduce the risk of bronchial aspiration, drugs to maintain blood pressure in satisfactory levels.[22]

A careful physical examination should be done in the admission of the patient in the emergency unit in order to detect signs of complications and signs of chronicity or comorbidities. In most cases it's necessary to ensure the cessation of alcohol intake by the individual and provide a safe environment and free of stimuli.[22,4,13] Alcohol users and users of other drugs are more susceptible to car accidents, physical assaults, increased risk of suicide and homicide, and other injuries and accidents. Bruises may indicate trauma during intoxication or coagulation disorders induced by liver failure.[4,13,19]

To remove residual alcohol and to prevent vomit followed by pulmonary aspiration, decontamination measures can

be prescribed, according to the route of introduction of the toxic agent in the body. Although there are few studies on gastric emptying procedures in the medical literature, it is well established that after 60 minutes very little or nothing of the ingested dose is removed by gastric lavage and there are proposals of treatment protocols with strong restrictions on general indication of gastrointestinal decontamination measures.[11,13]

There are circumstances in which gastric decontamination can reduce the toxic potential of the substance ingested even two hours after ingestion, as in the cases where the intake of potentially toxic or lethal dose of the substance occur. But in comatose, dazzled or convulsive patients, decontamination must be carried out with caution and the benefit/risk of the procedure ought be evaluated, because in these patients the protective airway reflexes are absent or diminished, with the risk of aspiration of gastric contents. It is recommended to perform tracheal intubation for airway protection and prevent aspiration.[11,13]

The diagnostics of air obstruction, respiratory insufficiency, hemodynamic, neurological deficit and exposure imply the immediate employment of therapeutic procedures, since there may be impairment of vital functions. In cases of severe respiratory depression or coma, intravenous hydration, measures of ventilatory and circulatory support, and hemodialysis for blood alcohol content greater than 500 mg% must be performed.[13,19] Thiamine can be administered in patients with significant decreased level of consciousness, to prevent precipitation of Wernicke's encephalopathy, but it is important to note that there are no medicines to speed up the metabolization of alcohol - or that alleviate the symptoms of drunkenness, including glucose or intravenous fructose.[11,13]

It is also observed that episodes of nausea and vomiting are very common in patients who drink depressants of the central nervous system. Vomiting that occur during periods of sedation increase the chances of pulmonary aspiration of gastric contents, which may lead the patient to a hospital pneumonia.[23]

Falling is a common fact regarding alcoholic patients, especially when they are admitted to the duration of acute illness. A nursing staff, in which the nurse is the manager of the quality of care, can develop actions and specific essential care for nursing practice that will reduce these adverse events. Special care may be prescribed by the nurse and held by all staff in order to reduce these adverse events - accommodating this client on a mattress on the floor, for example.[6]

The effective control of body temperature of alcoholic patients requires attention, given the greater susceptibility of these individuals to hypothermia due to body heat loss caused by direct vasodilator effect of ethanol. They should take into account the high deleterious effect of alcohol in relation to thermogenesis and gluconeogenesis which may lead to cognitive deficit.[9]

Although the initial care context in emergency units is given by conducts employed base on the complaints and clinical conditions of patients. The nursing professional, along with the multidisciplinary team, should be prepared to provide a safe service and approach methods that address the biological, psychological and social aspects of the patient, and to know the particularities that drug abuse can generate in the individual. Assisting with integrity is essential for the service of quality, providing recovery and reducing damage.

In this context, for the process of secure initial treatment to alcohol users in emergency units, minimum standards were established for nursing care in the clinical/biological, psycho-emotional and social aspects. In clinical/biological aspects there are standards for neurological effects, electrolyte, pulmonary, cardiovascular, gastrointestinal, changes in body temperature, and actions related to complementary examination (Chart 1). The attention to psycho-emotional and behavioral aspects was standardized from behavioral and psychomotor impairment and risk of violent behavior and self-inflicted violence (Chart 2). The social aspects were standardized as the unit's environment; the approach of the patient and family; and proper referrals to the case/reference (Chart 3).

Chart 1: minimum standards for nursing care in biological and clinical aspects of emergency care to alcoholic beverages.

Clinical/biological aspects	Minimum security standards
Neurological effects: CNS depression at various levels isolated or associated with other clinical signs and symptoms. Fall risk/trauma, respiratory depression and aspiration.	To keep bed/stretcher with high railings or place patient to stand in next litter the floor or mattress on the floor, if it is possible. To perform indicated therapeutic procedures (e.g. Gastric lavage, thiamine). To assess level of consciousness, through the standardized rating scale at the clinic. To establish the process of protection measures air if it is indicated. To keep patient under clinical observation for at least 6 hours to monitoring advanced signs of CNS depression. To keep careful surveillance of the patient and to check the vital data in accordance with the seriousness of the case to clinical improvement.

Clinical/biological aspects	Minimum security standards
Electrolyte effects by vomiting, diarrhea and profuse sweating. Risk of dehydration and electrolyte disturbances and seizures.	To observe decreased skin turgor, hypothermia, tachycardia, tachypnea, dry and pallor mucous To control diuresis. To monitor fluid balance To puncture vein (s) peripheral (s) and maintaining venous access permeable safely.
Pulmonary effects: respiratory depression, respiratory failure and/or circulatory. Respiratory depression risk.	To check vital signs closely, especially breathing and to observe changes in breathing pattern To keep patent airway and way of protective measures air. A patent airway does not mean adequate ventilation and tissue oxygenation, requiring a breath evaluation periodically.
Cardiovascular effects: vasodilation, dehydration and electrolyte disturbances with reduced intravascular volume. Risk of hypotension. Hypoxia, confusion and loss.	To check vital signs closely, with an emphasis on blood pressure and the frequency and pulse rate. To establish control measures and hypovolemic shock.
Gastrointestinal effects: gastric irritation, nausea and vomiting. Risk of gastric content aspiration of lung infection.	To put the patient in the lateral position, if there is no contraindication (trauma) to prevent aspiration of secretions. To perform indicated therapeutic procedures
Changes in body temperature - heat sensation and increased perspiration and consequent hypothermia	To check vital signs closely, with an emphasis on body temperature To keep the patient warm (blanket)
Changes in the results of complementary exams	To monitor examination results - standard for glucose, respiratory acidosis and/or metabolic, toxicological dosages.

Chart 2 shows the minimum standards for nursing care, referring to the psycho-emotional and behavioral aspects in the caring process of the alcoholic user. Emotional and behavioral effects are very common and variable according to the individual tolerance and the ingested dose. Among those factors are: loss of inhibition, being that the person intoxicated with alcohol can do things they normally would not do, for example, driving a car at high speed; mood changes, anger, depression or violent behavior and even suicide.

Chart 2: minimum standards for nursing care in psycho-emotional aspects of emergency care to users of alcohol.

Psycho-emotional aspects of care	Minimum standards for assistance
Behavioral and psychomotor changes: Euphoria, hyperthermia and psychomotor agitation (usually secondary to hypoxia or hypoglycemia), anxiety states and / or depression, verbiage, hallucinations, suicidal ideation or suicide attempt and self-aggressive. Risk of respiratory depression, loss, violent behavior and self-inflicted violence.	To keep bed/stretcher with high railings or place patient to stay on stretcher next to the floor or mattress on the floor, if it is possible. To conduct ongoing verbal support until the effects to dissipate To perform patient contention for marked agitation unresponsive to verbal management. To provide quiet environment, reducing light and noise. To promote an environment with little furniture and objects To keep patient under observation, noting signs of hallucinations and delirium, suggestive of withdrawal syndrome. To perform indicated therapeutic procedures, but use of sedatives with caution not to increase CNS depression (recommended the use of short-acting drugs and possessing specific antagonist).
Drug relation to violence. Trauma risk and criminal activities.	To investigate the presence of head injury, fractures and other injuries, a detailed physical examination To investigate the cause of violence through history To address the patient to perform the history and rely on the information given by him

A thorough evaluation of individuals with potential risk for suicide and violence must be held. When the approach is targeted at patients with aggressive evidence, the professional must have good communication skills and act empathetically and welcoming; must be present, speak slowly and clearly, avoid physical contact with the patient, to be able in order to allow to be seen and keep an eye on their movements and words.[23]

Attending an aggressive patient, requires being aware of aspects of the physical environment, as characteristic of objects and furniture in the environment in which the patient will be installed that can be used as weapons. Ideally, this patient is addressed as soon as they show any sign of aggression, because it prevents that violent behavior from assuming greater proportion.[24]

Face a sign of aggression, physical and mechanical restraint is a widely used method. However, there is no legal regulation on their practice in Brazil. The professionals should be aware about the comfort of containment, extinguishing any possibility of garroting the patient - which can cause reduced peripheral perfusion, fracture risk, bruising appearance, abrasions, blisters, among other complications, which can cause pain and discomfort - which may increase the aggressiveness and hinder dialog.[23]

The minimum standards of nursing care in relation to the social aspects in the care of alcohol users were standardized in relation to the reception of the patient and family (Chart 3).

Some psychosocial problems can result from alcoholism, including family conflicts, financial and housing problems, drunk driving, alcohol-related aggression and prisons. Perhaps the most serious alcoholism consequences is the number of deaths related alcoholics, such as car accidents - 50% of road deaths are caused by drunk driving, 25% of suicide victims have a history of alcoholism. Also alcohol is the most responsible intoxicating agent for to deaths, fights, murders and police issues.[4,13,19]

Chart 3: minimum standards for nursing care in the social aspects of emergency care to the user of alcohol.

Social aspects of care	Minimum standards for assistance
Discrimination and prejudice and difficulties in patient and family care.	To address the patient appropriately, avoiding stigmatizing comments.
Guidance for the discharge of the emergency unit.	To provide suitable environment for care.
	To advise patient and family about the need to participate in rehabilitation programs and support groups at discharge.

When the clinical stabilization to discharge happens - the substance was eliminated and the patient is able to control himself again - we must verify the existence of family or caregivers able to understand the difficulties and needs of the patient, especially in cases of addiction.

The health worker should try to engage the patient and family in treatment, trying to correlate the clinical problems with alcohol use, considering that the patient has a disease and seeking to inform him of the reversibility of the problem through treatment. Treatment acts against the intensity of withdrawal symptoms, the intensity of the organic and psychological complications, and the professional must increase the patient's level of acceptance of his own reality, the level of family assistance and the available care.[25]

If there was only intoxication without any previous psychiatric illness or chemical dependency, it is necessary to perform the approach of intoxication and guidelines. If poisoning happened cause by a possible unknown addiction, but without the suspect of any other psychiatric illness, the nurse should perform the approach of intoxication, engaging patient and family, and designating the person for treatment. In cases of poisoning with comorbid psychiatric and chemical dependency, the nurse must perform the approach of intoxication, diagnostic assessment of psychiatric disorders, engaging patient and family, and referring a specific treatment.[22]

CONCLUSION

The standardization of assistance presented regulates the practice of nursing, fulfilling the professional practice principles, and improves the performance of activities of the assistance program in information and toxicological assistance centers. The implementation of minimum standards assists in prescribing individualized care, focusing on the basic care offered that could contribute to the recovery and quality of care provided to patients who have a drug dependency.

It is important for nurses to qualify ther team through continuing education services where all the professionals involved in the direct or indirect assistance to victims under alcohol effect become able to develop sensitivity assistance free from adverse events. The actions should be carried out continuously and the revaluation of the victim must be constant. Thereby, minimum standards of care to this clientele are observed in order to offer them a more qualified care.

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